ON 🗌

□ NO

YES YES

Express Mail Number: EL 822429748 US

ATTORNEY'S DOCKET NO COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF RN02139 ATTORNEY (include Reference to PCT International Applications) PCT/FR2003/003196 As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROCESS FOR PRODUCING CARBOXYLIC ACIDS the specification of which (check only one item below): is attached hereto. was filed as United States application Serial No. on and was amended on (if applicable) was filed as PCT international application Number PCT/FR2003/003196 on 10/28/2003 and amended under PCT ARTICLE 19 on _____(if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations. §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED PCT indicate PCT (day month year) UNDER 35 USC 119 FRANCE 02 13579 30/10/2002 ⊠ YES □NO] YES □NO] YES □NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (include Reference to PCT International Applications) PCT/FR2003/003196

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations. §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION U.S. APPLICATION			ONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120: STATUS (CHECK ONE)			
U.S. APPLICATION NU	MBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICA	ATIONS DESIG	NATING THE U.S.				
PCT APPLICATION NO	PCT FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)				

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney's and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (List name and registration number)

Kevin McVEIGH

Reg. No. 33,017_

Mialeeka WILLIAMS-

Reg. No. 48,037

BIBBS

Jean-Louis SEUGNET

Limited Recognition under

37 CFR § 10.9(b)

Send Correspondence to:

Jean-Louis SEUGNET

INTELLECTUAL PROPERTY DEPT.

RHODIA INC.

259 PROSPECT PLAINS ROAD, CN-7500,

Direct Telephone Calls to:

Jean-Louis SEUGNET (609) 860-4180

CRANBURY, NJ-08512-7500

FAMILY NAME FIRST GIVEN SECOND GIVEN NAME **FULL NAME OF** INVENTOR BONNET Didier STATE OR FOREIGN COUNTRY OF CITIZENSHIP **RESIDENCE &** LYON **FRANCE FRANCE** CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY LYON **ADDRESS** 45 Boulevard des Canuts **F-69004, FRANCE FULL NAME OF** FAMILY NAME FIRST GIVEN SECOND GIVEN NAME AMOROS INVENTOR Daniel STATE OR FOREIGN COUNTRY OF CITIZENSHIP RESIDENCE & VENISSIEUX **FRANCE** CITIZENSHIP **FRANCE** STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE **ADDRESS** 12 impasse Mercy **VENISSIEUX** F-69200, FRANCE FULL NAME OF FAMILY NAME FIRST GIVEN SECOND GIVEN NAME SIMONATO INVENTOR Jean-Pierre STATE OR FOREIGH COUNTRY OF CITIZENSHIP RESIDENCE & **SASSENAGE FRANCE** CITIZENSHIP FRANCE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE 43 Lotissement du Néron **SASSENAGE ADDRESS** F-38360, FRANCE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

DATE (MM/DD/YYYY)

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PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIO U.S. APPLICATION			STATUS (CHECK ONE)			
U.S. APPLICATION N	UMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLIC	CATIONS DESI	GNATING THE U.S.				
PCT APPLICATION NO	PCT FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)				

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RHODIA-INC.

259-PROSPECT PLAINS ROAD, CN-7500, CRANBURY, NJ 08512-7500

Direct Telephone Calls to: (name and telephone number)

Jean-Louis SEUGNET (609) 860-4180

40)

FAMILY NAME FIRST GIVEN SECOND GIVEN NAME .FULL NAME OF **AUGIER** INVENTOR Frédéric STATE OR FOREIGN COUNTRY OF CITIZENSHIP RESIDENCE & SAINT SYMPHORIEN D'OZON CITIZENSHIP FRANCE **FRANCE** POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE 29 Avenue du 8 Mai 1945 SAINT SYMPHORIEN D'OZON F-69360, FRANCE ADDRESS **FULL NAME OF** FAMILY NAME FIRST GIVEN SECOND GIVEN NAME Maria Ignez **BROGLIO** INVENTOR RESIDENCE & STATE OR FOREIGN COUNTR COUNTRY OF CITIZENSHIP CITIZENSHIP LYON FRANCE BRAZIL POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY 240 rue Vandome LYON ADDRESS **F-69003, FRANCE** FAMILY NAME FIRST GIVEN **FULL NAME OF** SECOND GIVEN NAME INVENTOR 206 Last Name 206 First Name STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & **206 CITY** CITIZENSHIP **206 COUNTRY 206 CITIZENSHIP** POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY 206 address **206 CITY ADDRESS** 206 ZIP, State or Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application

Or any patent issuing thereon.

SIGNATURE OF INVENTOR 204

DATE (MM/DD/YYY)

DATE (MM/DD/YYY)

DATE (MM/DD/YYY)

28/04/05

DATE (MM/DD/YYY)

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